COMMONWEALTH of VIRGINIA

Department for the Deaf and Hard of Hearing

Ronald L. Lanier
Director

RATCLIFFE BUILDING, SUITE 203
1602 ROLLING HILLS DRIVE
RICHMOND, VIRGINIA 23229-5012

(804)662-9502 V/TTY
1-800-552-7917 V/TTY

Dear Clerk of Court:

Please use the following Communication Access Realtime Translation (CART) Request Form to request CART reporters through the Virginia Department for the Deaf and Hard of Hearing (VDDHH). CART is a service for literate, deaf or hard of hearing consumers who do not use sign language. A specially-trained CART reporter uses a stenographic machine to instantly translate the spoken word into captions, which can be viewed on a computer screen by the deaf or hard of hearing individual.

You must submit a new CART request _every_ time a case is continued, even if the CART reporter agrees to or is ordered to return. You can also submit CART requests for *pre-disposition*, court-related assignments, such as court-ordered driver improvement clinics, meetings between court-appointed attorneys and their clients, etc.

Please submit CART requests as soon as possible. The earlier you submit a request, the more likely we will be to successfully locate a CART reporter. When filling out the form, please provide as much detailed information as possible. The information is provided *only* to the CART reporter(s) assigned to that particular assignment.

Upon completion of the CART Request Form, please fax it to our office at 804-662-9796. As soon as a CART reporter is assigned, VDDHH will fax confirmation to the contact person indicated on the form. If we are unable to locate a CART reporter for the case, we will notify you as soon as possible.

If a case is cancelled or continued before the scheduled date, please contact us immediately. If a cancellation is made with less than 48 hours notice, the CART reporter will still bill for his/her scheduled time. Even if you have a short notice cancellation, please contact us so we can notify the CART reporter and you can avoid being charged for his/her travel time.

When a CART reporter appears for an assignment, he/she will bring a VDDHH Court Certification Form. An officer of the court (clerk, deputy clerk, or judge) must sign this form so the CART reporter can submit it with his/her invoice to the Supreme Court of Virginia.

Please do not hesitate to call me if you have any questions, concerns or suggestions regarding any aspect of the Interpreter Programs, including coordination of CART services. I can be reached at the numbers above, Monday through Friday 8:15 A.M - 5:00 P.M.

Sincerely,

Erika M. Rockwell
Interpreter Services Coordinator

COMMUNICATION ACCESS REALTIME TRANSLATION (CART) REQUEST FORM

VIRGINIA DEPARTMENT FOR THE DEAF AND HARD OF HEARING
PHONE: 1-800-552-7917 V/TTY
FAX: 804-662-9796

ALL FIELDS ARE <u>REQUIRED</u> FOR VDDHH TO BE ABLE TO PROCESS A REQUEST

Name of Court:_____ *Complete name of court (i.e. Thomas County JD&R Court)* _____

Contact Person:_____ *Name of Clerk making the request* _____ Phone # _____*Must have to confirm services*_____

Specific Address of Assignment:___*Complete address, including zip code, so CART reporters can get directions.* _____
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Date of Assignment:___*Date of Case/Meeting*____   Start Time of Assignment: *Time CART reporter should arrive*

Courtroom # ___*If already assigned*____

Estimated Ending Time:*Time CART reporter will leave courthouse*
(include approximate waiting time)

Actual "In-Court Time": *Approximate length of the case itself (the amount of time the CART reporter will actually be working)*

<u>KEY PARTIES</u>

<u>Role</u>	<u>Name</u>	<u>Age</u>	<u>Gender</u>		<u>Deaf/Hard of Hearing</u>		
Defendant: (Or Respondent)	*The more names you can provide, the better*	_____	M	F	Hearing	Deaf	HOH
Plaintiff: (Or Petitioner/Complainant/Officer)	*informed and prepared the CART reporter will be.*	_____	M	F	Hearing	Deaf	HOH
Victim/Witness:	*Genders and approximate ages of the parties*	_____	M	F	Hearing	Deaf	HOH
Parent:	*help us assign appropriate CART reporters.*	_____	M	F	Hearing	Deaf	HOH

Attorney: _*Please provide attorney names & phone numbers so we*_   Phone: _____
(CIRCLE ONE)   Defense   Prosecuting   Petitioner's

Attorney: _*can contact them to obtain additional info, if needed.*____   Phone: _____
(CIRCLE ONE)   Defense   Prosecuting   Petitioner's

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Specific Charge or Nature of Case: *Helps the CART reporter decide whether he/she is comfortable accepting the job.*

Check One: □ Civil   □ Criminal   □ Other_____

Case #: _____ *Required; please provide all 12 characters, including sub-numbers.* _____

Notes: _*Any additional info you have (i.e. specific details of case, etc.)*_____

Type of Case: □ Adjudication   □ Arraignment   □ Attorney/Client Meeting   □ Bench Trial

□ Deposition   □ Disposition   □ Intake   □ Jury Trial   □ Petition   □ Plea

□ Preliminary/Motions Hearing   □ Review   □ Sentencing   □ Other _____

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Name of Court:_____

Contact Person:_____ Phone # _____

Specific Address of Assignment:_____

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Date of Assignment:_____ Start Time of Assignment: _____

Estimated Ending Time: _____
(include approximate waiting time)

Courtroom # _____

Actual "In-Court Time": _____

<u>KEY PARTIES</u>

<u>Role</u>	<u>Name</u>	<u>Age</u>	<u>Gender</u>		<u>Deaf/Hard of Hearing</u>		
Defendant: (Or Respondent)	_____	_____	M	F	Hearing	Deaf	HOH
Plaintiff: (Or Petitioner/Complainant/Officer)	_____	_____	M	F	Hearing	Deaf	HOH
Victim/Witness:	_____	_____	M	F	Hearing	Deaf	HOH
Parent:	_____	_____	M	F	Hearing	Deaf	HOH

Attorney: _____ Phone: _____
(CIRCLE ONE)   Defense   Prosecuting   Petitioner's

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